

OR PRINT IN
SILENT INK

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

21501

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

L RESIDENCE
RE DECEASED
D. IF DEATH
UNRECORDED IN
TITUTION, GIVE
DENCE BEFORE
SSION

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
ANNA		N.M.N.	TASTAD	Female	September 6, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)	AGE—(LAST BIRTHDAY (YEARS))	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
White	83	MOS. DAYS	HOURS MIN.	Jan. 12, 1887		Snohomish
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
Everett		yes		Bethany Home		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Norway		USA		widowed		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
538-44-9175		housekeeper		own home		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
Washington	Snohomish	Everett		no		Rt. 1
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
Torkel		Olson			Elsie Olson	
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
Mrs. Alfa Smith				415 92nd St., Everett, Wn. 98201		
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Myocardial Failure						2 mos
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Arteriosclerosis						5 yrs
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (Q)						AUTOPSY (YES OR NO)
						19a. no
						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
			SEP 17 1970			
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
1. ATTENDED THE DECEASED FROM	5. 2. 68	TO 9. 6. 70	21c. 9. 1. 70	21d. Did not	5:30p	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED						
22b.						
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
J. W. Ebert Jr.		[Signature]		MD	9. 8. 70	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
900 Pacific		Everett		Wash.		98201
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	STATE
burial	Evergreen Cemetery		Everett, Washington			98201
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
Sept. 9, 1970	Purdy & Walters Inc., 1704 Pacific		Everett, Wn 98201			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
[Signature]	[Signature]		SEP 9 - 1970			